



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COMMUNITY HOWARD REGIONAL HEALTH

City of Hospital: Kokomo

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 153039

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11961088
Outpatient Patient Service Revenue	\$13769265
Total Gross Patient Service Revenue	\$25730353

2. Deductions From Revenue

Contractual Allowance	\$11215684
Other Deductions	\$269433
Total Deductions	\$11485117

3. Total Operating Revenue

Net Patient Service Revenue	\$14245236
Other Operating Revenue	\$777163
Total Operating Revenue	\$15022399

4. Operating Expenses

Salaries and Wages	\$7262408	Employee Benefits	\$1815656
Depreciation and Amortization	\$245345	Interest Expense	\$0
Bad Debt	\$279231	Other Expenses	\$3942879
Total Operating Expenses	\$13545519		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1476880	Total Assets	\$4513716
Net Non-operating Gains over Loss	\$1049	Total Liabilities	\$1293533
Total Net Gains	\$1477929		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$15730047	\$6739326	\$8990721
Medicaid	\$1310583	\$1202676	\$107907
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$8689723	\$3273682	\$5416041
Total	\$25730353	\$11215684	\$14514669

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$24777	\$-24777
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	197
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$105908
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$55754	
HCI Payments	\$0		
Subtotal	\$0	\$55754	\$-55754
Medicaid Shortfalls	\$107907	\$689945	
Subtotal	\$107907	\$745699	\$-637792
DSH Payments	\$0		
Subtotal	\$107907	\$745699	\$-637792
Medicare Shortfalls	\$8990721	\$8280945	
Other Government Programs	\$0	\$0	
Total	\$9098628	\$9026644	\$71984

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$91276	\$-91276
Other Allocations	\$0	\$0	\$0